

## SURGICAL CONSENT FOR FRACTURED ANKLE

I, **Dr Simon Journeaux** have discussed with the patient to undergo the following procedure:

OPEN REDUCTION AND INTERNAL FIXATION OF RIGHT/LEFT FRACTURED ANKLE

I have discussed the following issues, risks with the patient.

**General Risks of Procedure:** These include:

- a) Deep vein thrombosis occasionally affecting the lung.
- b) Lung infection – requiring antibiotics and physiotherapy.
- c) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.
- d) Increased risk in obese people of wound infection, chest infection, heart & lung complications, and thrombosis.
- e) Heart attack/abnormal rhythms
- f) Small risk of death.

**Common Risks of Procedure (2-5%):**

- i) **Pain:** your ankle will be painful after the operation. Keeping it elevated will help decrease the swelling and therefore the pain. In some rarer cases, the pain may be long term.
- ii) **Numbness:** the skin around the ankle may be temporarily or more permanently numb due to damage to small nerves.
- iii) **Bleeding:** may occur if there is damage to the vessel. This is usually minimal and can be stopped at the time of the operation. Very occasionally a blood transfusion may be necessary.
- iv) **Stiffness** and osteoarthritis may continue. This may require vigorous physiotherapy and or repeat surgery.

**Less Common Risks of Procedure (1-2%):**

- i) **Delayed Surgery:** this may be necessary as the swelling at the initial operation maybe to great to proceed.
- ii) **Infection** – this may require further surgery and/or the use of antibiotics.
- iii) **Removal of Metalwork:** this may be necessary if it becomes infected or painful or damages the skin. Similarly, the metalwork can be removed for better comfort and movement once bone has healed satisfactorily. If a special screw called a diastasis screw is used, this may be needed to be removed around three months after the bone has healed. If this is needed Dr Journeaux will discuss this with you.
- iv) **Failure of bones to heal well with failure of fixation.** This can result in a malunion or non-union situation requiring further surgery.

**Rare Risks of Procedure (<1%):**

- i) **Compartment Syndrome:** this is a build up pressure within the lower leg and can cause pain, nerve damage, blood vessel damage and muscle damage. If this occurs, an emergency operation will have to be performed to prevent death of tissue of the lower leg or foot.
- ii) **Damage to skin under the Tourniquet:** this may require dressing, surgery or skin graft. There may also be numbness of the skin under the tourniquet, this is usually temporary.
- iii) **Abnormal Scar.** In some people, healing of the wound may be abnormal and the wound can become thickened and red and the scar can become painful.

**PATIENT CONSENT**

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me. I understand the risks of the procedure and the likely outcomes both good and bad. The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and what will happen to me if I do not go ahead with the procedure.

It is very important that you feel you have been fully informed about all the issues and risks relating to a Fractured Ankle and you understand what it fully means to you.

Please read carefully the following statements about this procedure that **Dr Simon Journeaux** has advised for you to have and place an initial beside each one if you agree. If you do not understand or have any further questions please ask **Dr Journeaux** to explain them further.

I agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure. I also agree to any other unplanned procedure(s) being performed if they are necessary for my well being and they cannot be discussed with me at the time as I am under the influence of an anaesthetic and/or other drugs.

I (patient's name)

of, (address)

Please initial the following statements:

- X..... **understands why it is necessary to have a fractured ankle fixed.**
- X..... **understand the potential benefits, risks and possible complications of ankle fracture surgery.**
- X..... **understand the alternative forms of treatment that are available, including not having the procedure, and why having this procedure is the most appropriate for me.**
- X..... **have had all my concerns about the procedure explained.**
- X..... **feel informed about having this procedure.**

Patient  
signature:.....

Dr Simon F Journeaux  
signature:.....

